

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☒ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) NRSC Mailing Address 425 SECOND STREET NE	Transaction ID: 2009M06L22tr00007 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 2 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20002 Purpose of Disbursement TRANSFER Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1000000.00</div>
B. Full Name (Last, First, Middle Initial) NRCC Mailing Address 320 FIRST STREET SE City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement TRANSFER Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M06L22tr00008 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 2 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>1000000.00</div>
C. Full Name (Last, First, Middle Initial) REPUBLICAN PARTY OF VIRGINIA Mailing Address 115 E GRACE STREET City RICHMOND State VA Zip Code 23219 Purpose of Disbursement INKIND-TRANSFER EQUIPMENT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M06L22tr00009 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 7 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>11200.00</div> Offset In-Kind Line 21

SUBTOTAL of Disbursements This Page (optional)

2011200.00

TOTAL This Period (last page this line number only)